30-11-2020

MS. Kousalya S,
Chennai, Tamil Nadu.

Dear **Kousalya,**

Letter of Offer & Pre Employment Verification

Based on your application and the subsequent discussions you had with us, we are pleased to offer you a position of **"Associate Business Analyst"** in **Grade 3** at **Chennai** in our organization, as per the terms applicable.

The Letter of Offer is subject to pre-employment verification and medically fit for employment to the satisfaction of Ramco.

- Education Qualification
- Experience and Relieving letters of your previous employment
- Reference Checks / Back ground of your pervious employment
- Address Proof

The pre-employment verification will be done by Ramco or through any third party agency.

In case of any discrepancy / adverse findings in the pre-employment verification or medical fitness, then Ramco reserves right to cancel /withdraw this Letter of Offer without any prior intimation to you.

The detailed appointment letter, with terms and conditions will be issued on your date of joining.

Please sign and return a copy of this Letter of Offer with in three (3) days from the date of receiving the letter as a token of acceptance. We will initiate the pre-employment verification on receipt of your acknowledgement of our offer.

Welcome to Ramco Systems and wish you a great career with the company!

Authorised Signatory,

Rajiv R
CHRO

ramco

ANNEXURE-I

Name : **Kousalya**
Designation : **Associate Business Analyst**
Grade : **Grade 3**
Location : **Chennai**

S. No.	Components	Monthly	Annually
A	**Fixed Component**		
1	Basic Pay	10000	120000
2	House Rent Allowance	5000	60000
3	Supplementary Allowance	14386	172632
4	Leave Travel Allowance	1667	20004
	Sub Total (A)	**31053**	**372636**
B	**Retirement Benefits(Employer Contribution)**		
1	P.F	1800	21600
2	Gratuity	481	5772
	Sub Total (B)	2281	27372
	Total Cost to Company (A) + (B)	**33334**	**400008**

(All incidences of tax to be borne by the employee as per the prevalent income tax rules)

Note: You will be covered as per Hospitalization Insurance / Personal accidental Insurance policies prevailing in our organization.

Authorised Signatory

I have understood the above distribution of salary components and the same is acceptable to me.

Signature Name

30-11-2020

Date